

Postmark Date:	
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Check Number:	

Alternative Work Practice Request

Fee Class

\$100 per project

Complete form fully, incomplete forms will not be approved. Allow at least one week for review. attach additional sheets as necessary

1	Facility Name					
	Address	2 1		7' 0 1		
	City	County	Data at a silvert	Zip Code		
	Part of Facility Involved		Dates of project	-		
2	Asbestos Company Name			ID#		
	Address	City	State	Zip Code		
	Contact Person		Phone			
3	3 What rule(s) will the alternative work practice replace? (i.e. R307-801-14(1)(b) etc.)					
4	Why is it not feasible to comply with	n the rule(s)?				
5	What alternative and equivalent engineering controls will be used to control the release of asbestos fibers?					
6	6 How are the alternative controls equivalent and how will they be monitored?					
7 Submit a design of the affected portion of the project with sufficient diagrams, photographs and description to define the scope of the alternate work practice and demonstrate that the alternate work practice is designed to achieve control of asbestos equivalent to the rule. If the project is located in the interior space of public, commercial or school buildings or residential structures greater than 10 units, the alternate work practices must be designed by a Utah certified Project Designer.						
	Project Designer Name			Cert #		
	I certify that the all the information in this request is true and correct. Signature of Owner/Operator Date					
	Print name and title of Owner/Operator					
The approval of alternate work practices apply only to the rule(s) cited above and only to the specific project and operator for which the request was submitted. All other requirements apply. (8/29/00)						
	OFFICIAL USE ONLY					
	Date reviewed	Reviewers Initi	als			
	Approved:		Date			
	Rejection Comments:					